New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver

INTEGRATED DELIVERY NETWORK APPLICATION

Contents

Please note that some of the information presented in this IDN Application is based on draft materials submitted to CMS on March 1, 2016 outlining how New Hampshire intends to implement key elements of its 1115 Medicaid waiver, specifically a "Planning Protocol" (which will become Attachment C of the Standard Terms and Conditions of the Waiver, or STCs) and a "Funding and Mechanics Protocol" (which will become Attachment D of the STCs). Since these protocols may be modified based on CMS or public input, some of the information provided here is subject to change until final approval of the two protocols by CMS. (Please visit http://www.dhhs.nh.gov/section-1115-waiver/index.htm for additional detail and background documents on the waiver).

I.   BACKGROUND, INSTRUCTIONS AND SCORING FRAMEWORK

A. *Integrated Delivery Networks*

New Hampshire's *Building Capacity for Transformation* 1115 Medicaid Waiver represents an unprecedented and unique opportunity for New Hampshire to strengthen community-based mental health services, combat the opioid crisis, and drive health care delivery system reform. The program will be spearheaded by regionally-based networks of organizations—Integrated Delivery Networks (IDNs)—that will design and implement projects in a geographic region.

IDNs are expected to be made up of multiple community-based social service organizations, hospitals, county facilities, primary care providers, and behavioral health providers (both mental health and substance use disorder), who will partner to design and implement projects to build behavioral health (mental health and substance use disorder) capacity, promote integration of primary care and behavioral health, facilitate smooth transitions in care, and prepare for alternative payment models.

The goals of this initiative are to build greater behavioral health capacity, improve integration of physical and behavioral health, and improve care transitions for Medicaid beneficiaries. The waiver enables the achievement of these goals by allowing IDNs to earn performance-based fiscal incentive payments for achieving specified process milestones and clinical outcome metric targets. The waiver is not a grant program, and so it is only through achieving specific process milestones and outcome metrics that the IDNs can receive waiver payments.

New Hampshire proposes that IDNs be organized into 7 service regions throughout the State (comprised of regional public health networks- see table below). More than one IDN can serve in a region, although providers and social service organizations are strongly encouraged to collaborate and build a single IDN per region when feasible, particularly for less populated Service Regions. An IDN can also serve more than one region, in which case it must serve the totality of both Service Regions. In addition, organizations are permitted to participate in multiple IDNs.

Proposed IDN Service Region	Regional Public Health Networks Included
1. Monadnock, Sullivan, Upper Valley	Greater Monadnock, Greater Sullivan County, Upper Valley
2. Capital	Capital Area
3. Nashua	Greater Nashua

4. Derry & Manchester	Greater Derry, Greater Manchester
5. Central, Winnipesaukee	Central NH, Winnipesaukee
6. Seacoast & Strafford	Strafford County, Seacoast
7. North Country & Carroll	North Country, Carroll County

IDNs will be expected to be able to provide the full spectrum of care and related social services that might be needed by an individual with a behavioral health (mental health and/or substance use disorder) condition. As such, New Hampshire is proposing that at a minimum each Integrated Delivery Network must include:

- A significant percentage of the regional primary care practices and facilities, serving the majority of Medicaid beneficiaries
- A significant percentage of the regional substance use disorder (SUD) providers, including recovery providers, serving the majority of Medicaid beneficiaries
- Representation from Regional Public Health Networks
- One or more Regional Community Mental Health Centers
- Peer-based support and/or community health workers from across the full spectrum of care
- One or more hospitals
- One or more Federally Qualified Health Centers, Community Health Centers or Rural Health Clinics where available within a defined region
- Multiple community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations, such as transportation, housing, employment services, financial assistance, childcare, veterans services, community supports, legal assistance, etc.
- County facilities, such as nursing facilities and correctional institutions

IDNs are subject to minimum size and coverage thresholds to be eligible for approval. These thresholds are described further in Section I(G) below.

B. Overview of Key Documents

IDN Applicants should refer to the following key documents for important information outlining various obligations and requirements of IDNs and the state in implementing New Hampshire's 1115 Medicaid waiver:

1. The Special Terms and Conditions (STCs) of the waiver, which set forth in detail the nature, character, and extent of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period. The STCs were approved on January 5, 2016.
2. A draft "Planning Protocol" (which will become Attachment C of the STCs), submitted to CMS on March 1, 2016
3. A draft "Funding and Mechanics Protocol" (which will become Attachment D of the STCs), submitted to CMS on March 1, 2016

4. A draft "Project and Metrics Specification Guide," which provides additional detail and specifications on the project and metrics involved in the waiver, expected to be released for public comment in May, 2016

Since the draft Planning Protocol, Funding and Mechanics Protocol, and Project and Metrics Specification Guide may be modified based on CMS or public input, information provided in those documents and this IDN Application document is subject to change until final approval of the two protocols by CMS.

C. *Administrative Lead*

Each IDN shall have an Administrative Lead that will serve as the coordinating entity for the IDN's partner network in planning and implementing projects and as a single point of accountability for the State. The proposed role of the Administrative Lead includes the following responsibilities:

- Organize consortium partners in geographic region

- Act as single point of accountability for DHHS

- Submit single application on behalf of IDN

- Implement IDN governance structure in accordance with DHHS parameters and agreed-upon approach of IDN partners

- Receive funds from DHHS and distribute funds to partners

- Compile, analyze, and submit required data and reporting to DHHS

- Collaborate with partners in IDN leadership and oversight

- Collaborate with IDN partners to manage performance against goals and metrics

Administrative Leads are not required to be a specific organization type, and it is expected that any entity meeting the criteria below can apply to serve as an Administrative Lead. Administrative Lead criteria include:

- Demonstrated capabilities to lead transformation efforts, including:
  - o Previous collaborative experience with partners in the region
  - o Project management experience
  - o Experience implementing transformation projects
  - o Experience working with disparate data sets, electronic and non-electronic healthcare data, data analysis and reporting
  - o Active working relationships with social services organizations, community based organizations or the ability to establish such relationships
  - o Experience implementing and maintaining health information technology
- Financial stability in accordance with state requirements
- Prior experience using financial practices that allow for transparency and accountability in accordance with state requirements

Administrative Lead organizations are required to meet minimum requirements related to financial stability and financial controls for an IDN to be approved. Please see Section I(I) and Section II(D) for additional information on these minimum thresholds.

In developing its funding allocation plan, each IDN will determine the amount of funding to be allocated to the Administrative Lead for carrying out the responsibilities described above.

D. IDN Governance and IDN Management

As part of its Project Plan development process (described further below), each approved IDN will design its own governance structure to facilitate and oversee decision-making. IDN governance structures should be:

- *Participatory*, i.e., IDN partners have active roles in decision-making processes
- *Accountable*, i.e., Administrative Lead and partners are accountable to each other, with clearly defined mechanisms to facilitate decision-making
- *Flexible*, i.e., within parameters established by DHHS, each IDN can implement a governance structure that works best for it

It is required that an IDN identify a primary governing body (e.g., a Board or Executive Committee) and that this body reflect representation from across all organization types listed under the "Integrated Delivery Networks" section above. The primary governing body should be no larger than 15 members if possible. In addition, the overall structure of governance bodies established by the IDN must reflect oversight over the following four domains, at a minimum:

- *Financial governance*, including how decisions about the distribution of funds will be made, the roles and responsibilities of each partner organization, and budget development
- *Clinical governance*, including standard clinical pathways development and strategies for monitoring and managing patient outcomes
- *Data/IT governance*, including data sharing among partners and reporting and monitoring processes
- *Community engagement*, including the processes by which the IDN will engage the community in the development and implementation of the IDN

In addition, as part of its Project Plan, each IDN will be asked to identify individuals serving the following key management functions:

- Executive Director, or equivalent
- Medical Director, or equivalent
- Financial Director, or equivalent

E. IDN Application and IDN Project Plan

In accordance with the Standard Terms and Conditions (STCs) of the wavier, the state is required to develop an application that IDNs must complete to be certified as an IDN. The state is required to review and approve or reject IDN Applications by June 30, 2016. An organization interested in serving as an Administrative Lead will submit an IDN Application on behalf of itself and participating partner organizations. **Sections II-VIII of this document comprise this IDN Application.**

Once IDNs have been approved though the IDN Application process, organizations participating in the IDN will collaborate to prepare an IDN Project Plan. IDNs will implement a set of six projects, three of

which are mandatory for all IDNs and three of which will be selected by each IDN from a menu. Generally, the Project Plan will provide a blueprint of the work that an IDN intends to undertake through the implementation of these six projects, explain how its work responds to community-specific needs and furthers the objectives of the demonstration, and provide details on its composition and governance structure. In accordance with the STCs, IDNs are required to engage community stakeholders in the development of IDN Project Plans. Please see the draft Planning Protocol (draft Attachment C to the STCs) for additional information on the IDN Project Plan and the Project selection menu.

An IDN Project Plan must be informed by a Community-based Behavioral Health Needs Assessment. For the substance use disorder elements of this assessment, IDNs should coordinate the designated Continuity of Care Facilitator(s) in its Service Region.

F.   Project Design/Capacity Building Funds and IDN Contracts with the State

The State will provide initial payments to approved IDNs from a designated IDN Project Design and Capacity Building Fund. This funding can be used by approved IDNs to develop specific and comprehensive IDN Project Plans and to begin to develop the foundational tools and human resources that will allow IDNs to build capacity and pursue demonstration goals in accordance with community-based priorities. Payments from the IDN Project Design and Capacity Building Fund will total up to 65% of demonstration Year 1 funding available for distribution to IDNs.

The amount of Project Design and Capacity Building Funds allocated to each IDN will be based on a calculation with two components: 1) a fixed component, calculated assuming equal distribution of 50% of total available funds evenly across all approved IDNs and 2) a variable component that is calculated by assuming the remaining 50% of total funds is distributed proportionately among IDNs based on their share of attributed Medicaid beneficiaries.

Project Design and Capacity Building funds must be used only for activities and expenses that assist an IDN in preparing for and beginning to implement activities that support the goals of the transformation waiver. Allowable activities include:

- Development of a Community-Based Behavioral Health Needs Assessment

- Development of IDN Project Plan

- Capacity building for direct care or service provision workforce: Recruitment and Hiring

- Capacity building for direct care or service provision workforce: Retention and expansion of existing staff

- Capacity building for direct care or service provision workforce: Training

- Establishment of IDN administrative/ project management infrastructure

- Health Information Technology / Health Information Exchange

See Appendix A for a more detailed description of each of these allowable activities, as well as a description of activities and expenses for which the Project Design and Capacity Building funds cannot be used.

As part of the IDN Application, IDNs are required to describe in detail why planning and capacity building funds are being requested and how they will be used to prepare IDN Project Plans and support the transformation goals of the demonstration. Approved IDNs that receive Project Design and Capacity Building funding must commit to submitting an IDN Project Plan.

In addition, IDNs certified to participate in the waiver demonstration will be required to enter into a contract with the New Hampshire DHHS to be eligible to receive Project Design and Capacity Building Funds, as well as other incentive funding under the waiver. This contract will set forth the requirements and obligations of the IDN Administrative Lead and other participating organizations in the IDN, including reporting requirements, data sharing agreements, performance standards, compliance with the Standard Terms and Conditions of the waiver, and other obligations. More information about IDN contracting will be made available in advance of final selection and approval of IDNs.

G. Attribution of Beneficiaries to IDNs

The demonstration seeks to enable each IDN to improve care for Medicaid beneficiaries with diagnosed and undiagnosed behavioral health conditions (mental illness and/or substance use disorder) in and around its Service Region. The state expects that every Medicaid beneficiary will be attributable to one, and only one, IDN. Attribution will be used for two primary purposes:

1. As a component of the formula used to determine the Maximum five-year IDN Project Funding amount for each IDN, described in more detail in draft Attachment D to the Standard Terms and Conditions of the waiver
2. For measurement of IDN performance metrics

The principle of New Hampshire's attribution methodology is that beneficiaries should be attributed to IDNs based on where they currently receive their care, although it is not always possible to identify a beneficiary's current providers. Accordingly, attribution of New Hampshire's eligible Medicaid beneficiaries will be driven by a 5-step hierarchical methodology that is based on the following four factors:

- Use of preventive and primary care services
- Use of mental health / substance use disorder providers, including Community Mental Health Center (CMHC) providers
- Use of long-term care facility providers
- Geographic criteria (when necessary)

Priority will be given to assigning beneficiaries based on their care providers using health care claims and other data available to New Hampshire. When it is not possible to make an assignment based on these factors alone, the algorithm will consider geographic criteria.

The following table outlines the 5-step logic by which a member will be attributed to an IDN. If the member meets the criteria in a particular step, the member will be attributed to the associated IDN. If the member does not meet the criteria in a particular step, the logic advances to the next step.

NH DSRIP Attribution Algorithm

	Step	Medicaid Member Status	YES?	NO?
	1	Is the member receiving long-term care at a long-term care facility, and is the facility is in a single IDN?	*If yes, member is assigned to the facility's affiliated IDN.*	*If no, proceed to step 2.*
	2	Is the member a Community Mental Health Center (CMHC) patient, and is the CMHC is in a single IDN?	*If yes, member is assigned to the CMHC's affiliated IDN.*	*If no, proceed to step 3.*
	3	Does the member have evidence of using services at a primary care provider, and is the provider in a single IDN? *(Note: identification of primary care provider will based on the member's most recent preventive care claim(s), followed by the most recent visit E&M office visit or clinic visit codes to FQHCs, RHCs, APRNs, pediatricians, family practice, and internal medicine providers)*	*If yes, member is assigned to the provider's affiliated IDN.*	*If no, proceed to step 4.*
	4	Does the member have claims in the past 6 months for behavioral health or substance use disorder counseling, and is the most recent provider in a single IDN?	*If yes, member is assigned to the provider's affiliated IDN.*	*If no, proceed to step 5.*
	5	Geographic criteria: member is assigned to the IDN that includes the nearest general acute care hospital to the member's residence.		

In Question 8 of the IDN Application (see Section III below), applicant IDNs are asked to provide preliminary information on the organizations who will be participating in the proposed IDN. The list of organizations and Medicaid Provider IDs provided will be used by the state to calculate the number of Medicaid beneficiaries that *would be* attributed to the IDN with the given provider network. This *preliminary* attribution analysis will be used to evaluate the relative size and reach of the proposed IDN as part of this application. In order to receive a passing score on this question, the IDN would need to meet a minimum size threshold of 15,000 Medicaid attributed beneficiaries, with 50% of its beneficiaries attributed through provider claims (i.e., via steps 1-4 above).

H. IDN Application Instructions

IDN Applicants are asked to submit the following three (3) sets of documents in order for an application to be considered complete. Please refer to Appendix B for a detailed check-list of these items.

1. Narrative Document with individual answers for each applicable question (please note each question number)

2. Supplemental IDN Application Excel Worksheet template (4 tabs):

    a. Administrative Lead Contact Information

    b. Financial Metrics (Q6)

    c. Network Information (Q8)

    d. Funds Use Plan (Q16-Q18)

3. Non-binding Letters of Commitment from all participating IDN organizations listed in the 'Network Information' tab of the Supplemental IDN Application Worksheet template

Please submit documents both in hard-copy and electronic copy, according to the following specifications. Electronic copies must be submitted <u>by 3pm, May 31, 2016</u>. Hard copies must be received by 5pm, June 1, 2016.

In hard-copy:

Two (2) documents, five (5) copies of each, three-hole punched:

1. Narrative Document and printed copies of 4 Supplemental IDN Application Excel Worksheet tabs

2. Copies of non-binding Letters of Commitment from all participating IDN organizations listed in the 'Network Information' tab of the Supplemental IDN Application Worksheet template

Electronic:

Three (3) files on flash drive which contain:

1. Narrative Document in PDF format

2. Supplemental IDN Application Excel Worksheet, in Excel format

3. Copies of non-binding Letters of Commitment, in PDF format

I. IDN Application Scoring Framework

Each component of the IDN Application will be evaluated by an Independent Assessor contracted by the state. The Independent Assessor will score each application using the following methodology and make recommendations to the state for approval or rejection of IDN applications. Scoring of Sections II – VI will take place first. For IDNs approved based on these scoring results, Section VII (Plan for Use of Project Design and Capacity Building Funds) will be evaluated for approval on a pass/fail basis.

Sections II- VI contain four (4) 'pass/fail' questions. These reflect basic requirements of any IDN, and an IDN must receive a 'pass' on *all four* of these questions in order to be eligible for approval:

1. Administrative Lead financial controls/processes (Question 5)

2. Administrative Lead financial stability (Question 6)

3. Whether an IDN has met the network minimum size threshold of 15,000 attributed members (Question 8)

4. Whether an IDN has met the minimum network coverage threshold (> 50% of member lives attributed through provider claims) (Question 8)

For all other questions, the maximum potential points available for each component of Sections II-VI are provided below.

Scoring Stage 1: Sections II - VI

Section	Total points available for Section	Points by Question	Question Topic
II. ADMINISTRATIVE LEAD QUALIFICATIONS AND CAPABILITIES	35	10	Q1: Experience coordinating transformation initiatives
		15	Q2: Active working relationships between administrative lead and other organizations
		7.5	Q3: Reporting approach
		2.5	Q4: Project management
		Pass/fail	Q5: Financial controls/processes
		Pass/fail	Q6: Financial stability
III. COMPOSITION AND BREADTH OF PROPOSED NETWORK	45	5	Q7: Why IDN is well-positioned to improve outcomes in chosen IDN Service Region
		Pass/Fail	Q8: Network coverage Q8 element a) Minimum size threshold met *(15,000 attributed members)*
		Pass/Fail	Q8 element b) Minimum network coverage threshold met *(> 50% of member lives attributed through provider claims)*
		30	Q8 element c) Evaluation of relative network coverage
		5	Q9: Active working relationships among IDN organizations
		5	Q10: Existing IDN strengths
IV. COMMUNITY ENGAGEMENT AND STAKEHOLDER INPUT	2.5	2.5	Q11: Community engagement plan
V. UNDERSTANDING OF REGIONAL BEHAVIORAL HEALTH NEEDS	15	15	Q12: Understanding of health needs
VI. PROJECT PLAN DEVELOPMENT PROCESS	2.5	2.5	Q13: Project plan development process
TOTAL	**100**	**100**	

For IDNs *approved* based on the scoring of Sections II-VI, Section VII will be evaluated on a pass/fail basis. In order to be eligible to receive Project Design and Capacity Building Funds, an IDN must receive a 'pass' evaluation on every element of Section VII.

Scoring Stage 2: Pass/Fail evaluation of Section VII (for approved IDNs only)

Section	Total points available	Points	Question Topic
VII. PLAN FOR USE OF PROJECT DESIGN AND CAPACITY BUILDING FUNDS	**Pass/Fail**	Pass/Fail	Q14: Funds allocation narrative for use of Design and Capacity Building Funds
		Pass/Fail	Q15: Description of how funds will create foundation to advance IDN goals
		Pass/Fail	Q16: Allocation of funds over time
		Pass/Fail	Q17: Allocation of funds by use category
		Pass/fail	Q18: Allocation of funds by organization category

II. ADMINISTRATIVE LEAD QUALIFICATIONS AND CAPABILITIES

A. *Administrative Lead Contact Information*

Using the 'Administrative Lead Contact' tab of the Supplemental IDN Application Excel Worksheet template, please provide the following information:

Administrative Lead Organization Contact Information	
Organization Name	
Organization Type(s) (include all applicable types)	*Organization Type Choices:* *Federally Qualified Health Center, Community Health Center, Rural Health Clinic, Primary Care Provider, Substance Use Disorder (SUD) Provider, Hospital, Community Mental Health Center, Community Based Social Service Organization, Other (please specify)*
Primary Contact	*Name, Phone Number, Email*
Secondary Contact	*Name, Phone Number, Email*
Proposed IDN Service Region(s)	
List of Officers, Managers, Directors, Trustees	
List of Affiliate Organizations	

B. *Relevant Experience and Existing Relationships*

1. Please describe up to two (2) examples of prior initiatives (over past three years) that provide evidence of the Administrative Lead's experience in coordinating transformation efforts in collaboration with partners in the Service Region. *(maximum 1,000 words)*

   For each example, please include:

   a. Brief description of initiative and objectives

   b. Role of Administrative Lead organization

   c. Estimates of the number of individuals impacted

   d. Geographic scope of intervention

   e. List of key collaboration partner names and organization types

   f. Approach to working collaboratively with other organizations

   g. Any outcome/impact measures

   h. Key challenges faced

      i.   Current status of initiative

2. Please describe up to three (3) examples of active working relationships between the Administrative Lead and potential IDN partner organizations. At least one (1) of the examples should include one or more community-based social service organizations. *(maximum 1,000 words)*

   For each example please include:

   a. Partner organization(s) name(s) and type(s)

   b. Brief description of relationship and its intended goal

   c. Strategies used to build and maintain relationships

   d. Types of documents/agreements involved (e.g., MOU, contract, etc.)

   e. Governance and decision-making structure

   f. Geographic coverage area

C. *Reporting and Project Management Capabilities*

3. Please describe the Administrative Lead's planned approach to capturing, integrating, and consolidating data from other IDN partner organizations as part of the periodic reporting to the state throughout the demonstration. Required data may include process metrics (e.g. number of patients served through a particular project, number of clinicians trained) or outcome-related metrics that rely on data from electronic medical records. *(maximum 750 words)*

4. Please describe the project management capabilities of the Administrative Lead organization, including up to two (2) examples of large-scale, multi-provider initiatives that have been successfully executed in the past three years, along with any relevant project goals/outcomes. Please exclude large-scale physical plant projects. *(maximum 750 words)*

D. *Financial Processes/Controls and Financial Stability*

5. Please describe the Administrative Lead's financial processes and control practices, with particular attention to the practices that will 1) ensure the Administrative Lead organization remains financially viable to serve in this capacity for the entire demonstration period and 2) ensure transparency and accountability in the management and distribution of waiver funding to other IDN partner organizations. *(maximum 1,500 words)*

   In the response, please include:

   a. A summary of the internal controls, including the existence and role of internal and external auditors

   b. A description of practices to ensure separation of key functions, such as cash management and expenses

c. A description of the proposed practices that will be implemented to manage and distribute DSRIP funds, independent of the practices currently employed for the organization's business

6. Using the 'Financial Metrics' tab of the Supplemental IDN Application Excel Worksheet template, please provide the following annual financial measures for the Administrative Lead organization for 2013, 2014, and 2015, based on audited financial statements, if available:

Financial Metric	Definition	Formula	Performance Standard
Days Cash on Hand	The days of operating expenses that can be covered by the unrestricted cash on hand.	Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/ amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.	The Administrative Lead shall demonstrate that is has historically had enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) business days.
Net Assets to Total Assets	The ratio of the Administrative Lead's net assets to total assets. This ratio is an indication of the Administrative Lead's ability to cover their liabilities.	Net assets (total assets less total liabilities) divided by total assets.	The Administrative Lead shall demonstrate that it has historically maintained a minimum ratio of 0.30:1, with a 20% variance allowed.
Current Ratio	A measure of the Administrative Lead's total current assets available to cover the cost of current liabilities.	Total current assets divided by total current liabilities.	The Administrative Lead shall demonstrate that it has historically maintained a minimum current ratio of 1.5:1, with 10% variance allowed.
Debt Service Coverage Ratio	The ratio of Net Income to the year to date debt service. This ratio illustrates the Administrative Lead's ability to cover the cost of their current portion of their long-term debt.	Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.	The Administrative Lead shall demonstrate that it has historically maintained a minimum debt service coverage ratio of 1.2:1.

III. COMPOSITION AND BREADTH OF PROPOSED NETWORK

7. Please explain why the proposed IDN is uniquely well-positioned to significantly improve clinical outcomes for the behavioral health (mental health and/or SUD) population within the chosen IDN Service Region(s). *(maximum 750 words)*

8. Using the 'Network Information' tab of the Supplemental IDN Application Excel Worksheet template, please provide the following preliminary information on the organizations who will be participating in this IDN. Please also attach non-binding Letters of Commitment from each organization indicating that the organization has agreed to be included as part of this application.

The list of organizations and Medicaid Provider IDs provided will be used by the state to calculate the number of Medicaid beneficiaries that would be attributed to the IDN with the given provider network. **This preliminary attribution analysis will be used to evaluate the relative size and reach of the proposed IDN as part of this application. In order to receive a passing score on this question, the proposed IDN would need to meet a minimum size threshold of 15,000 Medicaid attributed beneficiaries, with 50% of its beneficiaries attributed through provider claims (vs. geographic factors alone).** Please see Section I(G) for more information on the methodology by which beneficiaries are attributed to an IDN.

Organization Category	Information Requested in IDN Application Excel Worksheet template	
Note: in addition to the information below, for each organization, IDNs are asked to indicate: ▪ *Whether the organization is enrolled as a Medicaid provider, if applicable* ▪ *Which Medicaid MCOs it contracts with, if applicable* ▪ *Whether the organization is owned by the Administrative Lead*		
Primary Care Practices (including hospital-based, independent, etc.)	*List of practices and Medicaid Provider IDs* *(In cases where the entire practice is not participating in the demonstration, please list the individual providers who will be participating; exclude providers listed below who are primary care practices)*	
Substance Use Disorder (SUD) Providers	*List of provider organizations and Medicaid Provider IDs*	*For each organization, please indicate which service(s) is/are provided:* ☐ *Outpatient SUD services* ☐ *Comprehensive SUD services* ☐ *Recovery Support Specialist services* ☐ *Opioid Treatment services* ☐ *Office-Based Opioid Treatment services* ☐ *Medication Assisted Treatment and Withdrawal Management Services*
Community Mental Health Centers	*Name(s) of CMHC(s) and Medicaid Provider IDs*	
Non-CMHC Mental Health Providers	*List of non-CMHC mental health providers and Medicaid Provider IDs*	
Hospital facilities	*List of hospital facilities and Medicaid Provider IDs*	
Federally Qualified Health Centers	*List of FQHCs and Medicaid Provider IDs*	
Non-FQHC Community Health Centers	*List of CHCs and Medicaid Provider IDs*	

Organization Category	Information Requested in IDN Application Excel Worksheet template	
Rural Health Clinics	*List of RHCs and Medicaid Provider IDs*	
Community-based organizations providing social and support services	*List of organizations*	*For each organization, please indicate which service(s) is/are provided:* ☐ *Family-centered information and referral* ☐ *Long term care information and referral* ☐ *Elder services and supports* ☐ *Early learning and child care* ☐ *Community Action Program(s)* ☐ *Local education agency* ☐ *Local/state housing support* ☐ *Homeless services* ☐ *Legal assistance* ☐ *Other non-profit services (please list)*
Home and Community Based Care Providers	*List of providers and Medicaid Provider IDs*	
County corrections facilities	*List of facilities*	
County nursing facilities	*List of facilities*	
Other county organizations	*List of organizations*	
Non-county nursing facilities	*List of facilities*	
Public Health	*List of Public Health Network(s) and public health department(s)*	
Other organizations	*List of other organizations*	

9. Please describe up to three (3) examples of active working relationships among proposed IDN partner organizations. *(maximum 1,500 words)*

   For each example please include:

   a. Partner organization(s) name(s) and type(s)

   b. Brief description of relationship, including its length and its goals

   c. Types of documents/agreements involved (e.g., MOU, contract, etc.)

   d. Governance and decision-making structure

   e. Geographic coverage area

   f. Health information exchange

10. Please describe the existing network strengths on which the IDN plans to build in each of the following areas. *(maximum 1,000 words)*

   a. Mental health and SUD treatment capacity

   b. Integration of physical and behavioral health (mental health and SUD)

   c. Improving care transitions from institutional settings to the community

   d. Electronic health records and health information exchange

IV.   COMMUNITY ENGAGEMENT AND STAKEHOLDER INPUT

11. Please describe the process by which the IDN will solicit community input on its project planning process and ongoing project implementation. *(maximum 750 words)*

   Please include:

   a. Channels and venues through which input will be solicited, as well as key audiences/stakeholder groups

   b. Anticipated frequency with which community input will be sought

   c. Mechanisms to ensure the community engagement process is transparent

   d. Up to two examples of active community engagement efforts being managed by potential IDN partner organizations and how community input is/was being used to inform the outcome of the relevant initiative.

V.   UNDERSTANDING OF REGIONAL BEHAVIORAL HEALTH NEEDS

12. Please describe the main health and health service challenges facing Medicaid beneficiaries in the region with diagnosed or undiagnosed behavioral health (mental health and/or SUD) conditions or risk factors. *(maximum 1,500 words)*

   Please consider the following types of factors:

   a. Service availability:

      a. Primary care

      b. Mental health

      c. Substance use disorder treatment and/or recovery

   b. Qualified staff recruitment and retention

   c. Lack of integration of physical and behavioral health (mental health and SUD)

   d. Care transitions gaps

   e. Gaps in social supports related to social factors impacting health outcomes

   f. Other unique characteristics of the community that contribute to health status

   g. Electronic health records and health information exchange

VI. PROJECT PLAN DEVELOPMENT PROCESS

13. Please describe the detailed *process* by which the IDN will develop its IDN Project Plan, including but not limited to the aspects listed below. Note: for this question, applicants are asked to focus on the steps and approach they plan on taking to develop the Project Plan. The *funding and resourcing* of that approach are addressed in Question 14 below. *(maximum 1,500 words)*

    a. Development of a Community-based Behavioral Health Needs Assessment and/or leveraging of existing/current assessment data, including coordination with RPHN Continuum of Care Facilitator(s)

    b. Engagement of participating IDN partners

    c. Process by which key decisions will be made to inform the IDN Project Plan, including:

        i. Selection of community-driven projects to pursue

        ii. Use of project design and capacity building funds

        iii. IDN governance design (e.g., oversight committee structure)

        iv. IDN funds allocation

    d. Project management support

VII. PLAN FOR USE OF PROJECT DESIGN AND CAPACITY BUILDING FUNDS

14. As described in Section I(F), the state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will enable IDNs to build core competencies and capacity in accordance with community-based priorities.

    Please provide a funds allocation narrative that describes how the IDN plans on using Project Design and Capacity Building funds in each of the following allowed use categories, where applicable. Please see Appendix A for more information on these categories. *(maximum 1,500 words)*

    a. Development of a Community-Based Behavioral Health Needs Assessment

    b. Development of IDN Project Plan (i.e. how funds will be used to support the *process/approach* described in Question 13)

    c. Capacity building for direct care or service provision workforce: Recruitment and Hiring

    d. Capacity building for direct care or service provision workforce : Retention

    e. Capacity building for direct care or service provision workforce : Training

    f. Establishment of IDN administrative/ project management infrastructure

    g. Health Information Technology / Health Information Exchange

15. Please describe how these initial investments in capacity will contribute to a foundation from which to undertake the work of implementing projects and driving system transformation. *(maximum 750 words)*

16. As described in Section I(F), the state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will enable IDNs to build core competencies and capacity in accordance with community-based priorities. Using the 'Funds Use Plan' tab of the Supplemental IDN Application Excel Worksheet template and based on the needs identified in Section V, please provide preliminary, estimated projections of what percentage of the IDN's Project Design and Capacity Building funds will be spent by semi-annual period. *Given that IDNs are in the nascent stages of planning, it is understood that these estimates are highly preliminary. As part of the Project Plan development process, IDNs will have an opportunity to refine and update the estimates. After final IDN Project Plans are approved, IDNs will be required to report expenditures on a quarterly basis, and variances in actual expenditures vs. the final plan will require written explanations.*

Period	Q3-Q4 2016	Q1-Q2 2017	Q3-Q4 2017	2018	2019	2020	*Total*
Percent of IDN Project Design and Capacity Funds spent	%	%	%	%	%	%	*100%*

17. As described in Section I(F), the state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will enable IDNs to build core competencies and capacity in accordance with community-based priorities. Using the 'Funds Use Plan' tab of the Supplemental IDN Application Excel Worksheet template and based on the needs identified in Section V, please provide a preliminary funding allocation plan for use of Project Design and Capacity Building funds by allowable use category. *Given that IDNs are in the nascent stages of planning, it is understood that these estimates are highly preliminary. As part of the Project Plan development process, IDNs will have an opportunity to refine and update the estimates. After final IDN Project Plans are approved, IDNs will be required to report expenditures on a quarterly basis, and variances in actual expenditures vs. the final plan will require written explanations.*

Allowable Funds Use Category	Projected % Allocation, if applicable
Development of a Behavioral Health Needs Assessment	%
Development of IDN Project Plan	%
Capacity building for direct care or service provision workforce: *Recruitment and Hiring*	%
Capacity building for direct care or service provision workforce: *Retention*	%
Capacity building for direct care or service provision workforce: *Training*	%
Establishment of IDN administrative/management infrastructure	%
Health Information Technology/Exchange	%
Total	*100%*

18. As described in Section I(F), the state will be distributing one-time Project Design and Capacity Building Funds in 2016. These funds allow IDNs to develop the foundational tools and human resources that will allow IDNs to build core competencies and capacity in accordance with community-based priorities. Using the 'Funds Use Plan' tab of the Supplemental IDN Application Excel Worksheet template and based on the needs identified in Section V, please provide estimates of what percent of Project Design and Capacity Building funds will be allocated to each organization type category. *Given that IDNs are in the nascent stages of planning, it is understood that these estimates are highly preliminary. As part of the Project Plan development process, IDNs will have an opportunity to refine and update the estimates. After final IDN Project Plans are approved, IDNs will be required to report expenditures on a quarterly basis, and variances in actual expenditures vs. the final plan will require written explanations.*

Organization Category	Percent of Funds Allocated, if applicable
Primary Care Practices (including hospital-based, independent, etc.)	%
Substance Use Disorder (SUD) Providers	%
Community Mental Health Centers	%
Non-CMHC Mental Health Providers	%
Hospital facilities	%
Federally Qualified Health Centers	%
Community Health Centers	%
Rural Health Clinics	%
Community-based organizations providing social and support services	%
Home and Community-based Care Providers	%
County corrections facilities	%
County nursing facilities	%
Other county organizations	%
Non-county nursing facilities	%
Public Health	%
Other organizations (please describe)	%

VIII.   APPENDICES

A.   APPENDIX A: Allowable and Non-Allowable Expenditures for Project Design and Capacity Building Funds

i.   Allowable Expenditures

IDN Project Design and Capacity Building funds are designed to be used by IDNs to prepare their project plans and to build the capacity and tools required to implement the transformation waiver. Allowable uses of funds include the following activities. Costs must be reasonable for services rendered.

- **Development of a Community-Based Behavioral Health Needs Assessment** – An IDN can use project plan and capacity building funds to advertise, sponsor and staff community forums; facilitate and participate in meetings with stakeholders; gather and document community input; perform analysis of regional health data; review pre-existing planning efforts and materials (e.g., SIM materials); draft, review, prepare and disseminate a community-based behavioral health needs assessment.

- **Development of IDN Project Plan** – Funds can be used to convene meetings of participating organizations; review data, clinical evidence, and research; review existing clinical, financial and governance practices of participating IDN partners; plan new clinical, financial and governance approaches for the IDN; draft, review and revise a Project Plan; participate in technical assistance.

- **Capacity building for direct care or service provision workforce: Recruitment and Hiring—** Funds can be used to support the recruitment and hiring of front-line staff involved in the direct delivery of health care, behavioral health care (mental health and substance use disorder), or social services, with a focus on job categories associated with regional service gaps and shortages identified in Section V. These activities may include the development of job descriptions, advertising of positions, interviewing, and onboarding of new staff.

- **Capacity building for direct care or service provision workforce: Retention of existing staff—** Funds can be used to promote retention of existing front-line staff involved in the direct delivery of health care, behavioral health care, or social services, in job categories associated with regional service gaps and shortages identified in Section V. This may include reasonable compensation adjustments, professional development programs, cross-training initiatives, and other retention strategies.

- **Capacity building for direct care or service provision workforce: Training—**Funds can be used to support training/re-training of front-line staff involved in the direct delivery of health care, behavioral health care, or social services, with a focus on job categories associated with regional service gaps and shortages identified in Section V. This may include the identification of training needs, the development of training curricula, and training deployment/delivery.

- **Establishment of IDN administrative/ project management infrastructure.** Funds can be used to support the establishment of key IDN leadership roles (e.g., IDN Executive Director) and other project management support staff; contracting for consulting support; establishing means of communication among partners; creating project management protocols and systems for IDN planning and implementation activities.

- **Health Information Technology/Exchange.** Funds can be used for investments in critical Health Information Technology/Exchange infrastructure, which may include EMR/Electronic health record systems, registry capacity, embedding of core standardized assessments into existing

systems, enabling of common treatment plans and care transition plans to be shared between providers across sites of service, health information exchange, etc.

ii. Non-Allowable Expenditures

Please note: The following list of non-allowable expenditures is subject to change.

A. Alcoholic beverages
B. Debt restructuring and bad debt
C. Defense and prosecution of criminal and civil proceedings, and claims
D. Donations and contributions
E. Entertainment
F. Capital expenditures for general purpose equipment, building and land, with the exception of:
    a. Costs for ordinary and normal rearrangement or alteration of facilities
    b. Capital expenditures approved in advance by New Hampshire DHHS
G. Fines and penalties
H. Fund raising and investment management costs
I. Goods or services for personal use
J. Idle facilities and idle capacity
K. Insurance and indemnification
L. Interest expense
M. Lobbying
N. Memberships and subscription costs
O. Patent costs

B. APPENDIX B: IDN Application Checklist

In order for an IDN Application to be considered complete and eligible for evaluation, all of the following sections must be submitted:

☐ Narrative Document with individual answers for each of the following questions:

    ☐ Q1

    ☐ Q2

    ☐ Q3

    ☐ Q4

    ☐ Q5

    ☐ Q7

    ☐ Q9

    ☐ Q10

    ☐ Q11

    ☐ Q12

    ☐ Q13

    ☐ Q14

    ☐ Q15

☐ Supplemental IDN Application Excel Worksheet template (4 tabs):

    ☐ Administrative Lead Contact

    ☐ Financial Metrics (Q6)

    ☐ Network Information (Q8)

    ☐ Funds Use Plan (Q16-Q18)

☐ Non-binding Letters of Commitment from all participating IDN organizations listed in the 'Network Information' tab of the Supplemental IDN Application Worksheet template